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## EDITORIALS

### PUBLIC RELATIONS SURVEY OF CALIFORNIA

**Articles by Mr. John R. Little Concerning the Public Relations Survey Made in California in 1943.**—Speaking before the House of Delegates of the California Medical Association at this year's annual session, on May 7th, Mr. John R. Little gave an address that appeared in CALIFORNIA AND WESTERN MEDICINE for July.

Mr. Little's talk to the members of the supreme authority of the C.M.A. was received with rapt attention. The applause which followed indicated how fully his remarks had impressed the Delegates. His discussion dealt with factual data that had been uncovered in the survey made by Foote, Cone and Belding, his observations thereon, and suggestions concerning future procedures as based on the information that had been gathered and compiled.

\* \* \*

**Recognition of the "Interpretative Report" Was Not Given in J.A.M.A.**—In the May issue of CALIFORNIA AND WESTERN MEDICINE appeared Mr. Little's "Interpretative Report," its statistical and other information being of special value because of its source, character and the excellent manner in which the summaries and other implications were portrayed. Nevertheless, the *Official Journal* of the American Medical Association gave no notice thereto, simply listing the title of the article. This non-attention by *J.A.M.A.* to a report that was worthy of perusal by physicians throughout the land who are interested in public relations of the medical profession, explains why CALIFORNIA AND WESTERN MEDICINE in its issue of September made editorial comment under the caption, "A Lapse of Memory, or What?",—the comments ending with these paragraphs:

"It will be interesting to note whether Mr. Little's illuminating and very valuable article, 'Public Relations Survey of California,' in the July issue of CALIFORNIA AND WESTERN MEDICINE will receive major, minor, or no comment in a future number of the *Official Journal* of our national organization—The American Medical Association.

"If no comment, why not?"

It is not known whether the above query had aught to do with the editorial which later appeared in the *Journal of the American Medical*

*Association* in its issue of October 7, under the caption, "The Public Relations Survey of California."

Appreciation is expressed, however, for the attention that was drawn through it to the survey that had been authorized by the Council of the California Medical Association.

However, since the comments by the editor of the *Journal of the American Medical Association* may not have given to many readers a clear impression of Mr. Little's article or the recommendations contained therein, further comment is here made.

\* \* \*

**What Mr. Little's Introduction Aimed to Portray.**—The opening paragraphs of Dr. Morris Fishbein's editorial would lead the unwary reader to believe that Mr. Little found it necessary to use several pages to justify the California Medical Association's expenditure of \$8,000 for a survey; particularly after a survey in other States conducted at the instance of the National Physicians' Committee had previously brought out similar facts. As a matter of fact, the California survey was conducted in November, 1943, the N.P.C. report coming out some months later.

A fairer portrayal of Mr. Little's opening remarks would be a statement that serious public relations problems involving governmental agencies and supervision, had come up in other fields than medicine, and the problems had been solved. A specific California example—the chain store experience of 1935,—was cited at some length by Mr. Little.

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**Public's Attitude and Reservations Regarding Pre-Payment Medical Care Plans.**—Dr. Fishbein states the N.P.C. survey indicated,—"The public does not object to prepayment plans."

If Dr. Fishbein had scanned Mr. Little's Interpretative Report as given in *CALIFORNIA AND WESTERN MEDICINE* for May, or the complete 232-page report, several copies of which were sent to the A.M.A. offices, he might have phrased his words otherwise, so that the impression would have been given, that the public not only does not object to prepayment plans, but citizens seem to prefer such; provided, however, that at reasonable cost, the traditional doctor-patient relationship will be maintained in such plans.

Editor Fishbein continues: "In California it [the public] did apparently object to the prepayment plan then being conducted by the California Physicians' Service."

In regard to the above quotation, it may be stated that the great majority of citizens of California do not object to California Physicians' Service as a medical care plan. The major objections that have been raised have come not from citizens, but from members of the medical profession; and further, these objections have rested not on grounds related to the general prepayment plan of C.P.S., but rather on the business ad-

ministration as it was conducted during the formative and experimental years of C.P.S.

Mr. Little's propositions, that C.P.S. should aim to cover between 3,000,000 and 5,000,000 people in California, and that its administrative procedures, other than professional, be conducted in line with the "finest standards of American business" were seemingly well received by the members of this year's C.M.A. House of Delegates.

\* \* \*

**Physicians Have Much to Learn Concerning Public Relations Related to Medical Care.**—

Concerning relations of the medical profession with the public, most California physicians feel there is still much to learn, but this lack of understanding is not confined to California. The entire medical profession of the United States has still a vast deal to learn concerning better public relations. Perhaps, many of the unfortunate happenings of recent years rest in considerable measure on rather poor understanding of public relations, a fact that may explain why some American Medical Association authorities recently have received so much criticism from various sources.

\* \* \*

**Misinterpretation Concerning Sympathy with Medicine's Ideals.**—In his second paragraph, Dr. Fishbein refers to long accepted ideals of fundamental character concerning medical practice. However, he concludes his thought: "Economists, sociologists, business executives and insurance agencies seem to have had but little sympathy with these ideals in the past. Mr. Little, in his recommendations to the California Medical Association, follows the line long emphasized by Michael Davis, Isadore Falk and others."

In tying Mr. Little up with "Michael Davis, Isadore Falk and others," and what they supposedly advocate, it is proper to state that Mr. Little did not recommend such procedures, but did suggest to the constituted authorities of the California Medical Association that the general business administration of C.P.S. be responsible to a Board of Directors composed of doctors representing organized medicine in California who would pass on matters of policy. Furthermore, it was stated that the administrator also have under him a man who would be responsible for doctor relations, that executive to be a physician.

\* \* \*

**On What the C.M.A. Has Done to Make Mr. Little's Recommendations Effective.**—

Dr. Fishbein's second paragraph ends with the sentence: "Exactly what the California Medical Association will do to make Mr. Little's report effective is not yet apparent."

It is possible that the editor of *J.A.M.A.* did not have time to note what was done at this year's C.M.A. annual session, as given in the minutes of the meetings of the House of Delegates, and of the C.P.S. Administrative Members,

(the C.P.S. meeting being under the Chairmanship of Dr. Ray Lyman Wilbur), and as printed in *CALIFORNIA AND WESTERN MEDICINE* for July.

It is possible that, had request been made, the A.M.A. Bureau of Medical Economics, also located at 535 North Dearborn Street in Chicago, would have been in position to give the *J.A.M.A.* editor a clearer orientation concerning these matters.

The changes authorized by the C.M.A. House of Delegates in May last, for better administration of C.P.S., rested in considerable part upon information presented by Mr. Little. So that much has already been done to make some of the recommendations effective.

\* \* \*

**On Availability of High Quality Medical Service at Low Cost.**—In his third paragraph, Dr. Fishbein talks about "trends" and what a medical philosopher of long ago said thereon, and then expounds thusly:

"If there were but one way in which the people could secure a high quality of medical service at a low cost, the problem of the medical profession at this time would be exceedingly simple. There are, however, many different approaches to this problem. There is the former technique of the California Physicians' Service and the changed plan. There are similar but in some respects different plans already in effect in other states. There are the techniques now being developed by a variety of private insurance agencies in coöperation with large industries. There is the plan of Mr. Henry Kaiser. There is the possibility of compulsory sickness insurance on a county, a state or a national basis."

Commenting on the above, it may be said that few reasonable people believe that "the problem of the medical profession at this time" is simple. Some realistic and thoughtful people within the profession do believe, however, that it *is solvable*. Certainly most human progress is through evolution. Physicians are reluctant to believe that evolution is impossible in the great humanitarian urge of doctors to provide even better medicine to larger numbers of people. Through the use of evolutionary methods, even though some of the experience must be acquired the hard way, through trial and error, the California Medical Association has been making a sincere effort to make available for low income groups, good quality medical care at reasonable cost.

\* \* \*

**California Medical Association Has Given Much in Both Thought and Money to Improve Medical Care Facilities.**—As should be well known even at A.M.A. headquarters, the members of the California Medical Association, after some years of earnest discussion, and expenditure of from fifty to seventy-five thousand dollars, worked out the statewide prepayment plan now operating as California Physicians' Service. It is the hope of the medical profession of California that as C.P.S. grows in number of members

and strength, it will be able to continue to give a high quality of medical service at reasonable cost as provided by the patient's own personal physician, and with maintenance of the principle that medical ethics and standards are strictly the prerogatives of doctors themselves.

\* \* \*

**Editor Fishbein's Erroneous Conclusion.**—Dr. Fishbein concludes his editorial with this statement: "The most important fact that comes out of Mr. Little's survey is that people in California were not satisfied with the California Physicians' Service up to the time of his survey and that changes seemed to be necessary to satisfy the people. Whether these changes when made will be satisfactory will remain, of course, for time and the California Medical Association to determine."

Fortunately, as regards the point of view of most California physicians, it may be said they do not concur in Dr. Fishbein's pessimistic interpretation of Mr. Little's report, or the implied opinion that California Physicians' Service has failed. Reference to the C.P.S. report in the current issue shows that in the month of October 20,000 new members were added to the roster of beneficiary members, of whom there are now some 103,475, and that C.P.S. as a business organization has now an annual gross income of some \$1,500,000. Other reports in recent issues, on the lessons learned in five years of operation, with activities for which, in the beginning, there was practically no actuarial information for guidance, give additional information on the excellent progress that has been made.

Therefore, even though Editor Fishbein seems somewhat downhearted or pessimistic about California Physicians' Service, for that is at least the transient impression given through its perusal—most of the physicians of California take pride in its achievements, and hope its experiences will be of aid not only to the profession of California, but to other State and local medical organizations throughout the United States.

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#### **PAY PATIENTS IN COUNTY HOSPITALS OF CALIFORNIA: SOLUTION PROPOSED BY ATTENDING STAFF OF LOS ANGELES COUNTY HOSPITAL**

**Interesting Article on Los Angeles County Hospital Plan.**—*CALIFORNIA AND WESTERN MEDICINE*, in its issue for September, 1944, on pages 158-159, printed an article, "The Los Angeles County Hospital and the Lanham Act," taken from the *Bulletin of the Los Angeles County Medical Association*. The article is worthy of perusal by all members of the California Medical Association, since the functions of county hospitals in relation to "pay-patients" (non-indigent patients) has been a problem that has received much discussion in the last 25 years or so, by both component county medical societies and the State Association.